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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

19/624,645

Filing Date

Applicant(s)

| CLAIMS          | AS FILED<br>3-15-06 |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |        |
|-----------------|---------------------|--------|--------------------------|--------|---------------------------|--------|
|                 | Indep               | Depend | Indep                    | Depend | Indep                     | Depend |
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| Total<br>Indep  |                     |        |                          |        |                           |        |
| Total<br>Depend |                     |        |                          |        |                           |        |
| Total<br>Claims |                     |        |                          |        |                           |        |

\* May be used for additional claims or amendments

|                 | 3-15-06 |        |       |        |       |        |
|-----------------|---------|--------|-------|--------|-------|--------|
|                 | Indep   | Depend | Indep | Depend | Indep | Depend |
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| 99              |         |        |       |        |       |        |
| 100             |         |        |       |        |       |        |
| Total<br>Indep  |         |        |       |        |       |        |
| Total<br>Depend |         |        |       |        |       |        |
| Total<br>Claims |         |        |       |        |       |        |

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